



**GRANT-IN-AID APPLICATION FORM**

Name of Organisation: \_\_\_\_\_

**INSTRUCTIONS:**

Please indicate (mark with an “X”) if your application for funding is in terms of:

Arts and Culture	Educational Institution
Local Economic Development	Sporting Body
Welfare Organisation	Other (Specify):

**NB:** All the questions must be answered and if not applicable, be marked as such.  
 Each page of the application must be initialled and the last page must be signed by the applicant. If there is not enough space for answers, please use and attach further sheets of pages which must also be initialled by the applicant.

Applicants desiring assistance with regards to the completion of this form must contact the Community Services Directorate in Clanwilliam.  
**Incomplete applications will not be forwarded for consideration.**

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**CHECKLIST FOR DOCUMENTATION NEEDED**

Please make sure that the following documents are attached to this application form (Tick with an “X” where applicable):

Copy of Organisation’s Registration Certificate	
Organisation’s Constitution, Articles of Association or Trust Deed	
Detailed Budget with Motivation	
Business and Implementation Plan	
Detailed Budget - Income and Expenditure for coming financial year	
Signed, audited financial statements of the most recent financial statements	

## DECLARATION

I \_\_\_\_\_ (ID number) \_\_\_\_\_  
hereby declare under oath, on behalf of \_\_\_\_\_  
(name of organisation) as \_\_\_\_\_ (position in organisation) that I  
am authorised to sign this declaration, and that to the best of my knowledge all answers to questions on and attachments to this  
application form are accurate. In the event that the application is successful, this organisation will use the grant only for the  
purposes specified in this application, and will comply with all the terms and conditions as set out in the Grant-in-Aid Policy. I  
confirm that the organisation has the power to accept the grant subject to conditions and to repay the grant if the conditions are  
not met. I also confirm that any funds not utilised for the purpose it was granted, must be reimbursed to the Cederberg  
Municipality as well as any unspent funds.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## SECTION A: DETAILS OF ORGANISATION

A1 Postal address: \_\_\_\_\_

Postal code: \_\_\_\_\_

A2 Street address: \_\_\_\_\_

A3 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

A4 E-mail address: \_\_\_\_\_

A5 When was the organisation formed (date)? \_\_\_\_\_

A6 Is the organisation registered? \_\_\_\_\_

A7 If yes, what type of registration? (E.g. NPO, Section 21 Company, Trust etc.)  
\_\_\_\_\_

A8 Date of registration? \_\_\_\_\_

A9 Registration number: \_\_\_\_\_  
(please attach copy of registration certificate)

A10 Details of main contact person at organisation:  
Name: \_\_\_\_\_ Position: \_\_\_\_\_

South African ID number: \_\_\_\_\_

Office number: \_\_\_\_\_ Cell number: \_\_\_\_\_

A11 Details of second contact person at organisation:  
Name: \_\_\_\_\_ Position: \_\_\_\_\_

South African ID number: \_\_\_\_\_

Office number: \_\_\_\_\_ Cell number: \_\_\_\_\_

A12 Names and Positions of three Members of the Management Committee:

1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

South African ID number: \_\_\_\_\_

2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

South African ID number: \_\_\_\_\_

3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

South African ID number: \_\_\_\_\_

A13 Is the organisation affiliated to another organisation? \_\_\_\_\_

If **Yes**, name them: \_\_\_\_\_

A14 Is the organisation an umbrella body? \_\_\_\_\_

If **Yes**, what organisations are affiliated to you? (attach a list if necessary)

\_\_\_\_\_

A15 Describe the main purpose of the organisation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A16 Describe the types of services that the organisation provides and the people who will benefit from the services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A17 Number of staff and voluntary workers presently employed in your organisation:

PAID STAFF		VOLUNTEERS	
No of full time staff	No of part-time staff	No. of full-time volunteers	No. of part-time volunteers

## SECTION B: DETAILS OF FUNDING APPLIED FOR

B1 What amount of money is the organisation requesting? \_\_\_\_\_

B2 Explain how you will utilize this money, if granted. **Please attach a detailed budget with a motivation.**

B3 Indicate which groups of people will benefit from the funding, if granted and how many?

Children		Unemployed individuals	
Persons with disabilities		Homeless people	
Women		The chronically ill	
Youth		Sport Organisations	
Senior Citizens		Substance abusers	
People living with HIV/AIDS		Other	

B4 Indicate the specific area where the people who will benefit from the funds live, if granted:

\_\_\_\_\_

\_\_\_\_\_

B5 Please attach a Business and Implementation plan for this specific application.

B6 Was the organisation previously funded by the Cederberg Municipality? \_\_\_\_\_

If Yes, please complete the table below:

Project name and/or number	Year	Amount	Progress reports submitted (yes/no)

**SECTION C: FINANCIAL INFORMATION**

C1 Bank Details

Name in which account is held: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_ Branch code: \_\_\_\_\_

C2 Please provide and attach a detailed budget for the organisation’s income and expenditure for the current financial year.

C3 Please provide and attach the organisation’s most recent audited financial statements.

**SECTION D: CONTACTABLE REFERENCES**

Please provide the details of three credible referees from the community in support of your application e.g. commissioner of oaths, police commissioner, religious leader, magistrate etc.

**Referees must be independent and may not be employees, committee members or volunteers.**

1. Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell number: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Tel: \_\_\_\_\_ Cell number: \_\_\_\_\_